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CONFIRMATION NO. 1508

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**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a 371 of PCT/AU04/00903 07/05/2004 LMC

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

AUSTRALIA 2003903424 07/04/2003

LMC

**IF REQUIRED, FOREIGN FILING LICENSE  
 GRANTED \*\* 08/27/2006**

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	<b>STATE OR COUNTRY</b> AUSTRALIA	<b>SHEETS DRAWING</b> 8	<b>TOTAL CLAIMS</b> 14	<b>INDEPE CLA</b>
Examiner's Signature	Initials				

**ADDRESS**

20995

**TITLE**

Limb protection system

<b>FILING FEE RECEIVED</b> 1030	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Proces Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other <input type="checkbox"/> Credit
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